

ACADEMIC CALENDAR 2019 – 2020 For Visiting Caribbean and International Students

NOTE: All Visiting Students electives are 4-week rotations ONLY.

Curriculum Block	Dates
Block 5	10/21/19 – 11/15/19
Block 6	11/18/19 – 12/13/19
Block 7	1/06/20 – 1/31/20
Block 8	2/03/20 – 2/28/20
Block 9	3/02/20—3/27/20
Block 10	3/30/20—4/24/20
Block 11	4/27/20—5/22/20

Please pay close attention to the below information.

If you apply for an elective outside of the specified dates, your application will not be processed and your application fee is non refundable.

Applications are being **accepted** for blocks 5-6 postmarked May 1, 2019 and later. Applications will be processed starting June 3, 2019.

Applications are being **accepted** for blocks 7-11 postmarked August 1, 2019 or later. Applications will be processed starting September 3, 2019.

Please check our website for updated information before sending in your application packet!

Please mail the completed application packet to:

Office of the Registrar
LSUHSC-Shreveport
1501 Kings Highway
Room 1-212
Shreveport, LA 71103

Any questions, email or call: shvreg@lsuhsc.edu
318-675-5205

VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Part 1)
 To be completed by the Visiting Medical Student. **Please print!**

Student Name <i>(First, Middle, Last):</i>		
Birth Date <i>(mm/dd/yy):</i>	Telephone:	Gender <i>(circle):</i> Male Female
Citizenship:	Citizenship Country:	
Mailing Address:		
Email Address:		
Medical School:	Medical School start date:	
Expected Degree:	Expected Graduation Date <i>(mm/dd/yy):</i>	
Medical School Address:		
Medical School Contact:	Contact Phone:	
Contact Email Address:		
Name and Address of Emergency Contact Person:		
Emergency Contact Phone:		

TO BE ELIGIBLE FOR CONSIDERATION, all visiting students must submit the **entire Application (pages 1-5) by mail** to the Registrar's Office **together with the following documents:**

1. Photograph – *Must be in color, must not exceed 2X2-inches in size.*
2. Curriculum Vitae
3. Documented proof of passing USMLE Step 1 score. **Mandatory—no exceptions!**
4. Official transcript from medical school. **Must be in sealed envelope!**
5. **International students only: TOEFL/IELTS:** A copy of score report for TOEFL or IELTS or official Letter from Dean confirming English language proficiency.
6. US Money order for \$300

If accepted for a rotation, the below required documents must be emailed within **TWO** weeks of accepting elective offer.

1. Documented Proof of Personal Health Insurance *(copy of insurance card with coverage dates is accepted)*
2. Documented Proof of Professional Liability Insurance *(\$1,000,000 per claim/\$3,000,000 aggregate)*
3. International students must provide proof of valid visa status (you may fax or email a copy of your Visa)

(initials) I understand that items 1-6 must be submitted together in ONE packet, otherwise my application will be considered incomplete and will not be processed.

(initials) I acknowledge that I am currently enrolled in the Medical School that is verifying my application, currently in my last year of Medical School, and graduating within 12 months of placement.

(initials) I acknowledge that I started Medical School in 2013 or later.

Signature: _____ Date: _____

VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Part 2)
To be completed by Dean or Registrar at school where the Visiting Student is enrolled.

Student Name <i>(First, Middle, Last)</i> :

Student is approved to do electives away from home school for academic credit <i>(circle)</i> :	Yes	No
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Student will be enrolled as a 4th or final year med student at home school at time of elective rotation <i>(circle)</i> :	Yes	No
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Student is in good academic standing at home school <i>(circle)</i> :	Yes	No
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Student has taken and passed Step 1 of the USMLE, documented proof required. <i>(circle)</i> :	Yes	No
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Student's expected graduation date: _____ <i>(mm/dd/yy)</i>
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Student will be covered by malpractice insurance while away <i>(circle)</i> : <i>(Minimum \$1 million/\$3 million aggregate - documented proof required).</i>	Yes	No
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Student will be covered by personal health insurance while away <i>(circle)</i> <i>(documented proof required)</i> :	Yes	No
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Will the medical school accept the LSUHSC-Shreveport Evaluation form in lieu of their own? <i>(circle)</i> : If not, please provide the medical school evaluation form with this application.	Yes	No
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International students only: The student has passed the Test of English as a Foreign Language (TOEFL) exam with a score of at least 100 ; or the International English Language Testing System (IELTS) with a score of at least 7 ; <i>(documented proof required.) An official letter from the Dean of your school confirming your English language proficiency maybe be used in place of either exam.</i>	Yes	No
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HOME SCHOOL VERIFICATION: To be completed by Dean or Registrar	
Authorized by (signature):	Date:
Name (print or type):	
Title	

Home Medical School:	
Address:	School Seal
Telephone:	
Email Address:	

A SCHOOL STAMP OR EMBOSSED SEAL MUST BE IMPRINTED IN THE BOX ABOVE OR THE APPLICATION WILL NOT BE PROCESSED.

VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Core Clinical Clerkships)

To be completed by Dean or Registrar at medical school where the Visiting Student is enrolled.

Student Name (First, Middle, Last):

Visiting Students must have completed a minimum of 4 weeks in EACH Core Clinical Clerkship to be eligible for the Visiting Student Program. The required Core Clerkships are: 1) Medicine, 2) OB/GYN, 3) Pediatrics, 4) Psychiatry, 5) Surgery and 6) Family Medicine.

CORE CLERKSHIPS COMPLETED	DATES COMPLETED and GRADE RECEIVED
1) Internal Medicine	
2) Obstetrics & Gynecology	
3) Pediatrics	
4) Psychiatry	
5) Surgery	
6) Family Medicine	

To be completed by Dean or Registrar:

Authorized by (signature):

Date:

Name (print or type):

Title:

VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Elective Request Form)

Student Name (First, Middle, Last):

Choose ONE elective, scheduled in a 4-week block (Block schedule is found at front of application packet). Please refer to the List of Electives on our website when submitting your request. **Do not apply for an elective if you do not meet the eligibility criteria. Ineligible applications will not be processed and the application fee is non refundable.**

REQUESTED ROTATIONS:

Elective: Must use the course code—no exceptions!!!	Preferred Block	Alternate Block	Alternate Block
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NOTICE: We charge a NON-REFUNDABLE application processing fee of \$300. This processing fee is not dependent on being offered an elective.

(initial) I understand that the scheduling of elective rotations is done on a competitive basis and that I may not get the elective that I am requesting on this form. I understand I must meet eligibility criteria to be considered.

(initial) I understand that I will be charged an application processing fee of \$300 and this fee is non-refundable, regardless of whether or not I am offered or accept an elective. Ineligible applications will not be considered and the fee is non refundable.

(initial) I understand that confirmation of acceptance into any elective cannot be given until after LSUHSC-S students have been scheduled.

(initial) I understand LSUHSC-S has a 30-day cancellation policy. Cancellations must be received at least 30 days prior to the start of the elective. If notification is not received, the student’s school will be contacted. Fees are non-refundable.

(initial) I understand no changes can be made to an application. Elective offers are final. **No requests to change dates will be honored for any reason.**

Signature of Applicant: _____

Date: _____

VISITING MEDICAL STUDENT IMMUNIZATION COMPLIANCE

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Name: _____ DOB: _____

Last 4 SSN or Passport number: _____

The following information **MUST** be completed in its entirety and supporting documents attached. If applicable, you must provide copies of titers. Your Visiting Student application is not considered complete until all immunization documents have been received. **ALL** immunizations are required before participating in the Visiting Student Program at LSUHSC-Shreveport.

HEPATITIS B (series of three doses) AND Hep B Surface Antibody Titer _____ mIU/ml		
Date dose #1:	Date dose #2:	Date dose #3:

Secondary HEPATITIS B (if no response to primary series) AND Hep B Surface Antibody Titer _____ mIU/ml		
Date dose #4:	Date dose #5:	Date dose #6:

MMR (Measles, Mumps, Rubella)			
MMR	Date dose #1	Date dose #2	
	Vaccine	OR	Positive Serology
Measles (Rubeola) –2 doses	Date: _____	Date: _____	Date: _____
Mumps—2 doses	Date: _____	Date: _____	Date: _____
Rubella (German Measles)—1 doses	Date: _____		Date: _____

VARICELLA (2 doses of vaccine OR positive serology)			
Varicella Vaccine #1	Date: _____	Varicella Vaccine #2	Date: _____
Serologic Immunity (IgG, antibodies, titer)	Date: _____		

Tetanus-diphtheria-pertussis-- (One dose of adult Tdap. If last Tdap is more than 10 years old, provide date of last Td and Tdap)	
Tdap Vaccine date: _____	Td Vaccine (if more than 10 years since last Tdap) date: _____

Meningococcal Vaccine (Documented proof required)			
Date: _____	A waiver is available upon request		

TUBERCULOSIS SCREEN (PPD) Results of last TWO PPDs OR ONE IGRA blood test are required.			
PPD #1 OR IGRA blood test Date: _____	Result (circle one):	Negative	Positive*
PPD #2 Date: _____	Result (circle one):	Negative	Positive*
*Positive PPD requires chest X-ray:	X-ray Date _____	Result: _____	

PPD or IGRA results cannot expire during proposed elective

FLU VACCINE – For rotations October 1 through April 1, the Seasonal Flu vaccine is MANDATORY .
***If the seasonal flu vaccine is not available at the time you submit your application, you may provide the documentation once it is available. ***
Date vaccinated: _____

The above information **MUST** be completed in its entirety and documentation attached (physician letters, lab reports, etc.). This includes current TB test—no exceptions!

(Signature of Physician or other health care provider)

(Date)